

# CONSULTS & BACKUP POLICY

Updated- June 2011

## I. Surgical Consults

- a. 946 resident is designated as the “consult resident”
- b. All surgical consult patients must be evaluated within 2 hours from when the call is received
  - i. At the discretion of the 946 resident, the consults are completed in order of acuity rather than order of timing.
  - ii. If the 946 resident is overwhelmed with consults and/or significant delay, the chief resident should assist with consults.
  - iii. Interns should be the last to assist with consults and they should be seeing consults appropriate to their level, i.e. basic I&D for abscess, appendicitis.
  - iv. **946 residents do not scrub cases while there are multiple consults pending**
  - v. The duties of the 946 resident supersede the responsibilities of the service on which the resident is currently rotating.
  - vi. Interns do not carry the consult/code blue pager.
  - vii. The 946 resident is ultimately responsible for the “pink sheet” and dictation, and should oversee and review the completion and dictation of the consult.

## II. Coverage

- a. Cases
  - i. To be assigned by the 946 resident
  - ii. Lower level cases: Assigned first to the floor intern (**chief should take them through the case**)
  - iii. Upper level cases: Assigned to chief
  - iv. Trauma pagers are never handed off to someone else, each resident/intern keeps their trauma pager with them
    1. Chief scrubs out for all traumas, then can return to OR.  
Exception – if scrubbed with trauma attending, is at the discretion of the operating team.
- b. Vascular/Kidney Transplant
  - i. Chief is home call, called in for cases unless on vacation or day off.
    1. In house chief covers cases in vascular chief absence.
    2. Vascular chief resident is responsible to notify covering chiefs one week prior to date of coverage at minimum or as soon as possible if there is a schedule change.
    3. Vascular chief resident should notify chief/senior resident by phone and not email the day prior regarding elective case coverage on weekends when vascular chief resident has day off
    4. Consider calling liver fellow for renal transplant case coverage.

5. –Call Back up chief/senior resident on call for case coverage

**c. Back Up Coverage**

**i. Nights/holidays/weekends, if on call team overwhelmed**

- 1. Call to chief or fellow to cover that teams cases**
- 2. Call Vascular Chief resident who is on home call**
- 3. If Vascular Chief not available, contact the chief resident on the service to whom the patient is admitted**
- 4. The backup resident/chief is preferentially assigned to the OR.**

**III. Transfers to ICU**

- a. Contact chief, fellow (if applicable) and attending for the patient, if transferring a patient to ICU (or considering it)
- b. Patient must be seen by senior or chief resident
- c. Resident must accompany the patient to the ICU
  - i. ICU team must receive a signout about the patient, even more so if not in the SICU
  - ii. Assist in the stabilization of the patient including airway, invasive monitoring, line placement and resuscitation– do not leave this up to the medical teams